MIDWIFERY

IN THE

KENTUCKY MOUNTAINS

AN INVESTIGATION

Breckenudge, Mary

Col. g. c. Breckinridge U. S. M. C. Jan. 20, 1925

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In the late summer of 1923 I undertook an investigation of midwives in certain selected mountain counties of Kentucky. Leslie, Knott and Owsley were chosen for this purpose. area is 373, 348 and 216 square miles respectively, and their population is 10,097, 11,655 and 7,820. The largest places in each are the county seats -- Hyden with 313 souls, Hindman with 467 and Booneville with 243, respectively. None are on a railroad and in none have the coal mines, the vast industrial power in Kentucky, yet been developed. On one edge of Knott county only (the Carr's Fork section) have a few mines been opened up and a branch railroad has penetrated about eight miles. Nor are any of these counties connected with the outside world as yet by automobile roads -- but in Leslie and Owsley such roads leading to their county seats are actually under construction. The customary mode of travel, and often the only possible one, is on horseback over such roads or trails as exist, through the creek beds, up the branches, over the gaps and ridges of the mountains.

The topography of all three counties is somewhat similar.

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Although this region has been robbed of its most lucrative crop,
in parts to its irreclaimable destruction, its vast primeval forests, some thousands of acres still remain and enough other natural beauty to make a summer's traveling on horseback a not unenviable experience.

The population is that homogeneous American stock so associated with the Southern mountains as to need no special description here. The 1920 census lists 2 foreign born in Leslie (1 male and 1 female) and 1 female in Owsley -- but I never found them. Of the 4 foreign born listed from Knott I met one--the wife of a retired soldier of the regular army. There are over one hundred and fifty negroes in Knott, descendants of slaves of the white population, and a few negro families in Owsley, who are well regarded as old respectable citizens, and favorably contrasted with the "foreign" negroes brought into the mining camps in adjacent counties.

Fifty-three midwives were included in this investigation, which extended from early in July until mid-September. In order to see them in their surroundings and to get into natural conversation with them, all were visited in their homes. Of course this whole time was not spent in talking with the midwives, or even in locating them. A vast deal of it was taken up in talking with the young mothers they served, as a check upon their statements, with the doctors and pseudo-doctors, of whom there are unfortunately a number, with the county judges, the school teachers; in speaking at picnics, in the courthouses, and to lonely little schools. It is impossible for a public health nurse to

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keep within the limits of an investigation. A feeding case here, a crippled child yonder, an eager young school teacher, a despairing young mother--time is consumed with all these, as well as by such emergencies as a miscarriage, a newborn baby bleeding from the umbilicus and many more.

But the finding of the fifty-three midwives themselves took up more actual time than any one can realize who is not familiar with the country. Only four lived in the county seats, and only five or six of the remaining forty-nine were found on the principal waterways. They mostly lived on the smaller and rougher creeks, on the forks of those creeks, up the branches above the forks, and at the gaps where the branches headed up. To see one midwife would sometimes require a detour of five or six hour's riding, and then again one would meet up with four in less than a day. Sometimes they were not at their homes and thrice I rode miles out of my way to locate them with patients, but was never so lucky as to find them actually functioning. Three of the midwives in Knott county were away from home altogether and their histories gotten from married daughters whom they had attended. I got to the neighborhood of one notable old midwife in Owsley only to find she had been buried the day before.

During the summer I traveled approximately 650 miles, reckoned on a basis of three miles to the hour, which is conservative
as on some roads and with some mounts I made four. I rode in
all thirteen different horses and three mules. Among some of them
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the girths tied on with wire or string. The blanket was often a meal sack. The question of horseshoes is a burning one. In so rocky a country a horse should not travel after he has cast a shoe. But blacksmiths and forges are few and far between. I soon found, however, that nearly any one can put on a shoe if it has been turned, so I made it my custom to carry in my saddlebags a couple of shoes of the size worn by my horse of the hour, and turned to fit him.

In much of my travel I was alone, but occasionally a fellow worker went out of her way to keep me company for a day, and for six days in Leslie county I was accompanied by Miss Caroline Whitney. a fourth-year medical student at Washington University, spending the summer at the Pine Mountain Settlement School and sent with me through its courtesy. Six of the midwives were visited by us together and one by her alone, and her suggestions as to framing questions as well as her companionship were of great value. During the last two weeks I combined forces with Miss Ella Woodyard of the Institute of Educational Research of Teachers College, Columbia University. Through all of my journeyings I met with the kindest cooperation and cordiality from the people, official and private, whom I encountered. The hospitality and inspiration of the Hindman and Pine Mountain Settlement Schools in Knott and Harlan counties, the Wooton Community House, Hyden Presbyterian Center in Leslie, and the Presbyterian Center on Lower Buffalo in Owsley, are especially unforgettable. Nor must I fail to add my appreciation for the invariable welcome I received at many firesides, from the little old log cabin on a lonely creek where I stopped at sunset to the

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new frame houses of the more prosperous farmers in the bottom lands. It would not have been possible to track my midwives to their remote homes could I not have counted on a shelter wherever there was a house when falling night overtook me. Of this I was always assured among my fellow Kentuckians.

In planning my tours through the three counties I tried to cover a substantial part of every section and this I succeeded in doing rather more fully in Leslie and Owsley than in Knott, which is larger. The midwives visited were thus a fair sampling of the counties as a whole, including old and comparatively young, clean and dirty, capable and shiftless. Twenty were in Owsley, seventeen in Leslie and fifteen in Knott. If reference is made to the accompanying table it will make clearer an analysis of the data obtained. (Table inserted at end of report)

Fifty-two of the midwives are white and one is colored. All are natives of the mountains, as follows:

Knott county	15
Owsley "	12
Leslie "	10
Perry	4
Harlan "	2
Breathitt"	2
Jackson "	1
Lee	1
Floyd "	1
Bell "	1
Clay "	1
North Carolina	1
East Tennessee	1
Virginia	1 (colored)
	53

Their ages range from 30 to 90 years. The total age of the 53 is 3193 years. Their median age is 57 and their average age is 50.3 years. All have been married, five of them twice and one

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three times. Eighteen are widows. These are living with their married children or alone on their own lands. The husbands of all the midwives but one are farmers. One is a storekeeper as well as a farmer, and one a preacher. One is a deputy jailer, the midwife herself being the county jailer, elected on an independent ticket. She lives in the county seat and keeps a boarding house of sixteen beds. One other midwife in another county seat also kept a boarding house, of eleven rooms. One, the youngest, aged 30, was the wife of a pseudo-doctor. She was the only one in whose family farming was not the primary if not the only occupation. Of these 52 farming families all but 7 were living on their own land -- "poor, ill-favored," often, but their own. Farming with the women is as much a matter of course as with the men, so that practically all these midwives are farmers themselves. the preacher's wife out hoeing another man's land while her preacher husband sat under a shade tree reading (he could read but not write), and the children were out of school getting wood and water. One old soul of 68 on a remote creek in Knott county came down out of a corn patch, at an angle of 40 degrees, where she was hoeing, to sit with me in her log cabin and tell me the one event of her life-the time she had gone with her husband and sons to Ohio for a year and the men had worked in a tobacco factory. "What did you do?" I asked. "Nuthin', jest kep some boarders and tuk in washin'."

All but 2 of the 53 midwives have had children and the number per midwife ranges from 1 child to 16. The 51 who are mothers have had a total of 448 children, a median of 9, and an average of 8.5. Of these they have "raised" 332, the median raised

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Their homes vary from the windowless one-room log cabin to the modern frame house which has often replaced it, but generally speaking their homes are poor as well as inaccessible. This does not mean that they are not often tidy, and gay with flowers. At least 15 homes of the 53 visited looked exceptionally neat and clean, although six of them were windowless log cabins. Their mistresses, in ages ranging from 30 to 79, matched the homes. Ten midwives, in age from 37 to 89, were filthy. So were their homes. The rest fitted in between.

Their native intelligence appears to vary as widely as their houses and persons and ranges all the way from the extremely stupid to the keenly alert. One aged 70 who could not read or write confided to me that she had always longed to be a doctor. She was one that had no children, but two of her nephews are doctors—graduates of the Medical School at Louisville—and one is now specializing in dermatology at the University of Pennsylvania. It cannot be too strongly emphasized that the question of literacy, especially with the older women, has no bearing whatever upon their relative intelligence. One remarkable old woman of 86 who had been the daughter of a schoolmaster at Booneville could read and write and I found her reading her grandchildren's school

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books without spectacles. Another of 70 claimed that she had been a "pure scholar" in her day and "knew all the words in the blue backed speller." Two in their sixties could both read and write, while a third could only read print. However, with these five exceptions, none of the midwives over 60 were literate. But 12 of all the 53 midwives could read and write, 4 could read but not write, and the claims of 3 others to read I judged doubtful. The expression of one that she "reads print tolerable well" defines perhaps the limits of achievement of all but some 7 or 8 of the younger ones. One aged 72 who could not read said proudly that she could "figger". One aged 54 who was illiterate begged for the state literature, anyway, as her children were all "scholars." A number of them wore spectacles and I asked how they came by them. One, aged 59, was using a pair that had belonged to her father. Another a pair she had gotten from a neighbor, and a third told me that they could be bought now "from a man in Chicago if you sent him your age."

When it comes to their professional qualifications and practices it is difficult to classify my 53 midwives because they have in a sense no professional status, and the origin of their obstetrical practices lies in unrecorded time. As to one thing I am certain. None give any post natal care whatever, and in that differ altogether from the midwives in Europe with whose work I am familiar. When the delivery is over and the mother is "fixed up" and the baby "dressed" they go away and, unless something goes wrong and they are sent for again, or they happen to be near neighbors, they do not return. This is universal. Prenatal care is also unknown. And no nursing care, as we understand it, is given. In fact,

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the mother, if she can possibly do so, unually gets up after three or four days. The results of this are broadcast for all who will to hear.

When I asked them how they happened to begin to practice I usually got the same reply: "I kep gettin! ketched"-"bein! ketched at places:"--"I got ketched with a baseborn child"--and one that "somebody just had to be around to cotch the babies." The economic reasons entered in, of course, particularly with some of the younger women in their forties--but in the main most of the midwives did not begin their practice. It was thrust upon them. As neighbors in a lonely country they were called upon for this as well as for every other emergency.

None of the 53 had ever had any training in midwifery, and such preparation as they received came from other midwives.

Practically all said that before they attended cases themselves they had gone about with older women, and 9 were the daughters of midwives. In Knott country I found a woman of 56 practicing, whose mother I visited later to learn that she had "ketched" her last baby the year before at the age of 90, a record she admitted almost worthy that of her own mother who also had been a famous midwife in her day. In Owsley county a midwife of 58 told me with pride that her mother "dressed" her last baby the day before she died at the age of 90. She had no record of the number of cases attended by this old Spartan—but contrary to the usual custom her mother had begun the practice "before she quit breedin'," so it must have been a lengthy one. Another Owsley county midwife aged 57 said she had learned the practice from her mother in Breathitt

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county, who had it from her mother who was reported to have delivered over 760 babies. Still another told me her mother "posted"
her and that, because of her small hands, she had begun on cows and
pigs as a child and had "saved many a sow." One said she "teached
herself," and another that she learned from watching how it was
done when her own babies came. Several instanced the names of
older midwives who had instructed them, and the one colored woman
(who had belonged to a mountain family in Owsley before the war between the states) said her mistress had been a midwife and had taught
her. Two in Leslie, one 72 years old and one, the youngest seen,
only 30, said that their husbands were doctors and had started them.
But neither the husband of the older one, dead twelve years before,
nor that of the younger, were regular physicians.

One midwife in Owsley said her mother, her sister and her husband's mother were all midwives and her father, who had been a schoolmaster, bought "Dr. King's book and Dr. Brown's book" and "tuk up" being a doctor. In spite of all these advantages she herself had not even learned to read. In only four instances did any of the midwives visited profess to have gotten information from a book. One 68 years old in Knott county, who could read but not write, said she had studied a book an old doctor (?) gave her mother who also had been a midwife. Another in Leslie whose claims to read were not substantiated, had had a book. Both books were lost. One woman 48 years old in Knott showed me with pride a Wine of Cardui advertising circular, and one in Owsley had a "book pamphlet" from the State Board of Health which a doctor had given her. The 30-year old one at the county seat had a Metropolitan Life Insurance pamphlet on Child Care. This particular young midwife

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stands out from amongst the rest, product though she is of their soil, as in some ways the most promising and in others quite the most dangerous, of them all. She is young and clean and intelligent, but married to a man who practices as a physician without any justification whatever for assuming the title of one, from whom she has learned many bad habits. I found a hypodermic syringe in her rubberized bag and a box of pituitrin, which she admitted giving for retarded labor, without any conception of the gravity of her act. She said her husband authorized its use. On the title page of a medical book lying on the table she had written both her name and her husband's with the title of doctor before each.

The question of the practice of unlicensed physicians in the mountains looms as a very grave one in connection with mid-wifery, and may as well be mentioned here. There are many such. I came upon five in Leslie alone. Naturally the midwives do not distinguish between them and their qualified colleagues—all are "doctors"—and so not only unsafe and dirty practices are propagated as by authority, but many lives are lost because the midwife sends for a pseudo-doctor instead of a real one.

One case told me by Aunt Tildy, the midwife who attended it, will serve as an illustration. The baby was "crossed." She could not reach either head or feet, and after trying all day and night Friday she sent Saturday morning for two "doctors." From then until Sunday morning she and they all tried unsuccessfully to deliver the patient, and at last after over fifty hours of labor they sent to the county seat for a doctor who "could cut." But before he reached the home the young mother had died. Had it not

 been for the pseudo-doctors nearer at hand Aunt Tildy would probably have sent early Saturday for the real one and there might have been one less maternal martyrdom. Aunt Tildy hereself, a touchingly honest and unassuming person, seemed deeply affected by her loss. She described the despair of the dying woman at leaving her young family, how she called for her sister and told her to "take keer" of her little children, and how the terrible "miseries" "kep' up" until they had "kilt her."

Before closing the subject of the lack of preparation of midwives for their work it is pertinent to mention the instruction being given them today by nurses under the State Burea; of Child Hygiene in conjunction with the county health officers. Ten of the midwives among those I saw in Leslie and Knott had attended these conferences and several professed changes of method as a result. But I had every reason to think from inquiries among the young mothers that their unhygienic practices of many year's standing had not been supplanted by a few hours' instruction. The only midwives I found who appeared to have benefited by instruction were those that physicians had taken about and had made a special effort to teach. This was notably the case in Owsley and particularly so in connection with one physician who has unquestionably saved many lives he never personally reached. I found three midwives where he used to live whom he had had out with him over and over, who described without any promptings from me and with graphic illustrations how they scrubbed their hands, "trimmed and scraped" their nails, how they held the fundus, and one even told me how she used a "cheap tin pan" for a bedpan, as Dr. ---- showed her to do. With the younger women,

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in their forties and fifties, changes are possible with painstaking bedside teaching—and this would be even more the case were not bad practices already acquired. All of the real doctors I met in these counties were emphatic in urging the need there for mid—wives. "We absolutely cannot do without them," said one in Owsley—and "the midwife is a necessity here," said another.

The length of practice varied from those who were just beginning to those who were retiring after over forty or fifty years.

But few felt certain in estimating their years of practice, and the figures they gave, like the ages of many of the older ones, are often approximate. The total for all 53 is 1022 years, median length of practice is 18 years and the average 19.3 years.

Except only in the vaguest way none of the midwives had any idea of how many mothers they had delivered before birth registration began. Many showed me the stubs of their certificate books and explained that the registrar had filled out the papers for them.

Occasionally some other member of the family had done this for the midwife who could not write, but none had kept reliable records before registration. One midwife is Leslie aged 78 and on crutches, but still sought after, said that in her forty odd years of practice she had "dressed" over 800 babies and had "never had to have a doctor yit." Another aged 50 said she had had nearly 100 in eight years. Still another aged 76 was more explicit. She had always kept marks in a "day book" and when a neighbor had counted them up for her there were 337 in her practice of 27 years. One in Knott county aged 73 and with 40 odd years' practice behind her had also kept marks in a book, and had over a thousand to her

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credit years ago when a little grandchild, who is now married and has three children of his own, tore up the book. After that she kept no record until she began the report officially and she showed me the stubs of the four certificate books which the registrar filled out for her. That Leslie county midwife aged 72 who could "figger" and had practiced over 50 years was positive she had "dressed" exactly 590 babies. None of the others pretended to have any record at all of the number of their cases.

The proportion of midwives to doctors reporting births in these counties is shown by the following figures for 1922 from the State Board of Health.

Leslie

doctor repormidwives "	ted 41 265	births
doctors "midwives "	37 396	11
doctors "midwives "	66 163	18

An annual permit for midwife, with regulations, a-copy-of which-is-appended-to-this-report, had been given to those 10 of my 53 who attended the classes of instruction under the Bureau of Child Hygiene and the County Health Officers. All the midwives sending in birth certificates are registered with their local registrars in accordance with the act regulating and licensing midwives in Kentucky which was passed by the 1920 legislature and adopted July 12, 1920.

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The ten instructed midwives claimed to be using the silver mitrate solution provided by the state, and two others said they were using it, one stating that a doctor had given it to her. None of the others had ever seen the solution although a few had heard of it. A number of them recalled cases of baby's sore eyes, and one in Knott county said she made "yellowroot tea" and put it in the baby's eyes. Two of the health officers told me that cases of ophthalmia neonatorum were rare in their counties—but that many evidences of venereal disease appeared in the mountains with the opening of the mines.

Equipment is a minus quantity in mountain midwifery. Among the ten who had been instructed by the Bureau of Child Hygiene Nurses seven claimed to carry bags, but of these two could not produce the bags because they were "worn out." One of these began graphically describing the articles that hers contained as we sat at her cabin door, but when I asked to see them the brush was lost, the oilcloth left somewhere, she was out of lysol, and did not have any eye drops. Of the remaining five midwives one had a small, old, dirty leather handbag with silver nitrate in it, one a similar equipment plus a paper of straight pins; a third the same plus a bottle of ergot and one of lysol, a fourth had a clean bag of striped washable cloth with her birth records, the silver nitrate, and a clean white apron in it, and a fifth was the young woman of 30 (wife of a pseudo-doctor) whose rubberized bag with flowered lining had the hypodermic syringe and pituitrin in it, as well as bottles of iodine, ergot, bichloride, the silver nitrate and some cotton.

One of the midwives taken about by Dr. --- aforementioned

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told me she had a handbag with her own scissors, thread and scorched rags (folded in), all wrapped in "white silk paper." But I found her in the woods gathering brush, after visiting her empty home, and did not like to ask her to return so far with me, and so could not verify her statement. Still another midwife pulled some roots out of her apron pocket and said she took those. None of the rest of my 53 pretended to any equipment whatever—counting on finding at the patient's home the hog grease which is their one almost universal requisite.

The fees charged varied, apparently at random, in all but two cases, from two dollars to five dollars. Several midwives said they made one charge for neighbors and another for people farther off, and some said they asked more when the confinement was a long one. Only one mentioned as small a sum as \$1.50, and only one charged over \$5. That is the wife of the pseudo-doctor aforementioned who had a hypodermic and gave pituitrin; she charges \$10. From \$3 to \$5 were the usual fees.

I come now to a description of the obstetrical practices of these midwives as they went over them with me sitting on the splint-bottomed chairs or the steps of their homes. From some of them I learned nothing because they were frightened or shy or extraordinarily reticent. Others poured out their experiences spontaneously. A very few, like Aunt Tildy, described some of their worst cases and asked what they should have done. Several talked constantly of other midwives and their mistakes. "I never had a woman with childbed fever--but Mrs. K. has 'em." I never lost a woman but Aunt Nora has lost three"--"I never sent for a doctor yit, but Beck has to send for 'em"--and so on.

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In reply to my questions as to when they send for a doctor I got frequently a protest against the very idea. "Never had to call a doctor yit" is a common phrase, spoken proudly by women professing to practice from 20 to 40 years. Only 18 spoke as if they ever recognized the need for medical assistance in any but cases so exceptional as to stand out above the rest. They sent without discrimination for real or pseudo-doctors but the ones readiest in sending were on the whole the ones who could reach real medical assistance--and I think most of the pride in getting along without it came from those who had never known it. One said she never sent for a doctor because there were not any within reach. Several spoke of the cost as prohibitive -- 30 or 35 dollars -- because of the distance. Only 7 had ever seen forceps applied. Several of the older ones, who had had hundreds of cases, said they had never had one where the woman could not deliver herself, with their assistance. Seven midwives had had a doctor, or a pseudo-doctor, on only one occasion -one in Owsley to get an afterbirth that had "growed to the womb," one in Leslie because "the baby was dead, and had growed to her backbone, and the doctor had to put her to sleep and pull it loose." Still another because the woman had "fits" -- thirteen before the doctor arrived and one after. Baby and mother lived, she added, and two other babies have come since without convulsions.

Three other midwives sent upon one occasion each for doctors because of the woman's advanced age for having the first baby.

One said the mother was "right old" and added she had passed her twenty-second birthday. Questioned as to why she called that old

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she replied "they calls it old." Another said her patient had been an "old girl" when she married and was twenty-two or three when the baby came and "wouldn't mind her noway." Asked for further explanation she said that sixteen or seventeen-year old girls "don't have much trouble" but a woman of twenty-two has "settled by that time." The third midwife frankly called her patient an "old woman" (in her thirties) and said the doctor used "faucets". She added as we sat in the open space of her double log house, that this hardly won baby was dying now of "flux" in its second summer from eating cucumbers.

One midwife in Leslie said that the reason her own daughter had died a few days following childbirth was because she could not get the afterbirth—and had called Dr. ————— (naming a pseudodoctor) who "pinched off the cord" instead of "peeling hit"——and so "mortified" her daughter that she died.

All of the midwives make examinations, some of them over and over, and always, so far as I can ascertain, with greased hands.

One described reaching into the uterus to grease the baby's shoulder. Asked why they examine they usually make some such reply as "to see if the baby is comin' straight"--"to see if the womb is open" -- "to see if its heads an' front"--or else they give no reason. One said she did not examine if when she got there the baby's head was "even with the world." Some of the mothers told me they had been examined ten or twelve times during a brief and normal labor. When I asked one midwife if she washed her hands she replied: "Cou'se I don't wash 'em--I greases 'em." But most of the midwives said they washed their hands first, one adding "with pot-

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ash soap not lye soap." She said she used a clean towel and lard and had her hands "like I was goin' to make up a mess of biscuits." Those midwives in Owsley county who had been taken about by the doctors described scrubbing their hands.

One cannot be sure of the extent of childbed fever, but it seems not to be frequent. Only two cases were reported in 1922 for Knott county, and none for Leslie or Owsley. The midwives are most uncommunicative on that subject. One in Leslie said there was not much fever but she "sends for a doctor if they have it." One in Owsley said she gave winter fern for it and another that she "sends to a doctor for medicine or they die." She had had it herself. One voluble midwife declared she had seen childbed fever "a heap of times." Another told me she had never had a case, but that very day a few miles farther on I dined at the house of a young woman who had been poorly since her last baby was born four years ago because she "lay in bed two months with childbed fever." She had been attended by this same midwife.

Rarely ever did I feel that the statements given me regarding maternal deaths and stillbirths were accurate. A number of the midwives who had been practicing for years declared that they "never lost a mother or a child." One who said she had had "upwards of a thousand" deliveries had only lost two mothers. The one in Leslie who could "figger" and who had counted 590 babies in over 50 years admitted but two stillbirths and said she had lost "nary woman." One in Knott who delivered 265 cases admitted "two or three" stillbirths only. A neighbor where I spent the night told me of three recent stillbirths which the midwife had not mentioned. A favorite expression is that they have "always been blessed with good luck."

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One dirty old soul in Knott county told me she "took the Lord with her" and that was why she had such good luck. In her practice of over forty years with over a thousand cases she had never lost a mother and mighty few babies." One in Leslie told me voluntarily that she had had a maternal death from hemorrhage within the year. Another in Knott, who has the reputation of losing many mothers, and lost one of her own daughters from hemorrhage, mentioned without questioning and as though it were a complex with her, that "everybody lost women."

The midwives described several ways of getting the placenta if it did not come normally. Several said they "went in after hit." One said she reached for them and "they just come out." One aged 47 who was just beginning said with pride that she had not had but two cases and in both "the afterbirth was stuck" and she reached in and "pulled them out as good as anybody." Another said she had only had to go in after one, and that was with a woman where baby and everything had "rotted," and came out in pieces. This had happened to the same woman four times before. Several say they get the afterbirth by "peeling and working the cord" and bringing pressure on the fundus.

It is the almost universal custom among the older women to deliver their patients sitting on some one's knees--usually those of the patient's husband--"her man." Two told me they preferred her to sit in a chair without a seat, and one said she sometimes had her stand up. Perhaps the expression "cotching the baby" arises from this custom. None of the midwives admitted that they got worse tears than with the patient delivered in bed. In fact one old

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soul, she who "found" over a thousand babies years before registration began, had the face to tell me she "had never had a tear-but the doctors has "em."

Several even of the older women now say they let the mothers choose and will deliver them in bed if they prefer. As one in Owsley expressed it "I lets 'em take their pleasure, but can wait on 'em better sittin' up." But one in Knott frankly said she did not like this new way of "ketchin' babies in bed." Another, the midwife who never got a tear, told me she let her patients choose. But I ascertained from a sixteen-year old mother just delivered of her first baby that she had "cried" to stay in bed and Aunt Jane made her get up. With the younger women and with those in touch with the doctors the custom of delivery in bed seems rapidly superseding the older one.

but rarely did they report them as having happened among their own patients. They called convulsions "fits" and no one had any remedy to suggest. The experience of the older ones has included a few cases of abnormal presentations and of these they usually boast because of their skill in handling them, either by external version or "turning" the baby from within. Some of them seem to have gotten very dextrous and the whole neighborhood says of these that they have "good luck." When I asked those of more limited practice what they would do if they had certain complications to meet I found that rarely had they decided beforehad on a plan of action.

"Never had hit happen yit" was the usual answer and with it they appeared satisfied.

Several of the midwives told me of cases where the "afterbirth had come first," and one said she herself had been in bed five months because of that. A young mother with her second baby had died from hemorrhage due to this just a few hours before I rode through her neighborhood. One of the doctors told me he had been called in for seven cases of placenta previa in his mountain practice of only a few years.

Of all obstetrical complications a hemorrhage was the most frequent, calling forth the fullest information and concerning which there seemed to be the greatest variety of superstitious practices. Only three of the midwives I saw in Owsley county, one in Leslie and one in Knott had learned from doctors how to hold the fundus, and the one in Knott added "raise her hips and stuff her with cotton." But she had not tried this method herself. heard of cording the leg (a custom mentioned in all 3 counties by 5 of the midwives, 2 specifying the left leg and hand, 1 the left leg and arm, I the right leg, and I not specifying) but she did not believe that was much use. What she had found most helpful was just to lay her hand on the woman and repeat a verse from the Bible, which a preacher had given her. Word for word as it came from her lips I found it in Ezekiel 16:6. "And when I passed by thee, I saw thee polluted in thine own blood. I said unto thee when thou wast polluted in thine own blood, live. Yea, I said unto thee when thou wast in thy blood, live." This she said she had also tried successfully on a dehorned steer which was bleeding to death.

Remedies to be taken for hemorrhage nearly all were homemade. Two midwives in Leslie and Knott suggested ergot, one in and other more than the second second

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 Knott advised paregoric and another (she whose mother had had a book from an old doctor) said laudanum was the best thing but you could not get it now. As a substitute she suggested a remedy volunteered by several—cold cloths applied locally. She added that a tea to ward off miscarriages could be made of "black gum bark mixed with sweet apple tree bark, and peeled one piece up and one piece down". Teas of this general character were recommended by several for severe bleeding. A midwife in Owsley said to use black gum bark from the north side of the tree mixed with the bark of a sweet apple tree. Some endorsed either one without the other. Yellow root tea was recommended by a midwife in Knott county, rattleweed root or sarvice bark tea by one in Leslie, tea from "comfrey" roots by another, pepper tea by several, assafetida by one in Owsley, nutmeg by one or two others, and the "leaves" (needles?) of the white pine in a tea by another.

Several advised spices, eaten just so, or in a tea served cold, or three grains ground into a powder. A paste of flour and cold water was recommended by other midwives and two of them told me that they had tried it successfully. One called it "flour batter dough." Tea made out of soot was endorsed in all three counties for hemorrhage. One in Owsley specified chimney soot. One in Leslie specified that it must be taken from under a pot. And one in Owsley implied how common must be the use of coal, picked up as it is all through the mountains almost by the side of the road, when she said it must be wood soot.

One old superstition that I got in both Owsley and Leslie counties from midwives as disconnected from each other as if the Seven Seas had flowed between, was that of putting an ax under the

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bed, blade up, to stop a hemorrhage. But the Leslie county midwife, a sensible appearing woman only forty-five yearsold who was clean and could read, said she knew it "did no good 'cause they tried it with her sister who died anyway." And she began to "go off into faints" just as the blood soaked through the bed and fell on the upturned ax -- so that some people even said it had helped to kill her. She then said that she advised stripping the woman and putting on her something dirty that somebody else had worn -- as a petticoat, for instance -- but it must be soiled to do any good.

A variety of things are given for other conditions -expecially for protracted or retarded labor. Pepper tea, red
or black, is a favorite in all three counties. Black gum bark
comes in use again here, roots of the rattleweed, blueberry, raspberry, yellow spicewood and bluebell are given, all made into
teas, and "witch hazel bark boiled into a thick syrup," ginger
tea, tansy, peppermint, burvine, sulphur in sugar, quinine and
gunpowder.

One Knott county midwife said that a tea made from the root of the rattleweed would bring on the "miseries" if the woman was at term, or check them in a premature labor. One midwife in Owsley county said the same of blueberry root tea, which "looks like rattleweed root." A slovenly younger one of 42 in Leslie gets the same effect from a "powder in a box bought at the store." Another in Leslie aged 72, says that if a tea made from

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Piùnteun tuttat an vigate in A. Mudana Piùnteun tuttat an vigate in A. Mudana Più A. Jat eil e "blueberry rattleweed" is given two months ahead of the date of the expected confinement the woman "finds her baby easy." One in Owsley gives "spigment" for the same purpose. These were the only instances I found of prenatal care!

For afterpains this same midwife gives "angelico root," which her mother, another midwife, calls "jellico root." She knows a patch "hid in the hills" which she won't let anybody touch. She also "gives a yarb called allenkinpane" (elecampane?) as does her old mother. Another old midwife gives "a yarb that grows low down on the branches." Pepper or ginger tea are sometimes given and penny-rowal, and "a round bottle of cordial from the store." Pepper tea is also used for chilling and to promote flow after delivery if it is checked, as is also pennyroyal. One midwife in Leslie makes a tea of a mixture of wahoo bark, spicewood and winter fern for this purpose-followed by a dose of oil and turpentine. For "risings" in the breast, if a midwife is called back on such a case, one in Leslie recommends a "catnip poultice," and another "binding the breasts tight." Most of them say they never have to meet this condition.

The care given the baby varies very little among them. Nearly all dose it with castor oil, many add catnip tea as well, some give sugared milk and some the milk of another woman. All cut the cord with unboiled scissors and tie it with several strands of thread twisted together. Most of them grease the navel with lard or castor oil and then put a scorched rag over it. Practically universal is this custom of scorching the rag. One midwife in Owsley said she had given it up because the doctors did not do it, and one in Knott because it was "oldtimey." To revive a baby some "work its arms and

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legs" but generally they put it in water. One in Owsley "floats hit in cold water." One "washes hits breast." One in Knott "washes hit in camphor."

Since no postnatal visits are made the midwives claim little responsibility for the fact that nearly all the mothers get up three or four days after their babies are born. One midwife said she thought that was the reason why six of her own babies had died in the first month of life-- that and working in the fields up until the confinement period. This last is also quite general. One young woman who had worked all summer in the fields and all winter "sawing wood" since her marriage, had had two fairly normal babies, then two puny ones, than a bad miscarriage. I mention her case because she was the daughter in law of one of the midwives. Similar histories are common in all three counties.

It is almost universal among the women who have borne several children, to complain of a prolapsed uterus. One of the midwives I failed to see in Knott county had gone to visit another of her tribe on a far creek and get some medicine for a "fallin' womb." A daughter of this same woman had given birth to a baby a month before on a Sunday, and on Thesday was "up and cookin!" for a family. The sister of a midwife upon whom I called because she had a three-weeks' old baby had gotten up only two or three hours after its birth.." and never gone to bed agin until night." This had been her custom with all her babies excepting only with the first, when she "stayed in bed sixty days with childbed fever." Such instances could be multiplied over and over.

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It is not the purpose of this report to "point the moral" of the data collected. I had been less than human had I not pondered the problem, as I unraveled the facts, and sought its solution. Finding and applying it will undoubtedly be the work of many people and much time. None the less the story of my fifty-three midwives will not have ended until that solution has been reached and applied.

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COUNT	PY AGE BIRTHPLACE	MARRIAGE NUMBER STATUS CHILDREN BORN	NUMBER CHILDREN REARED	Literacy	Number Years of Practice	Oleanliness	Eye Prophylaxis
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